PTO/SB/22 (19-07)
Approved for use through 10/31/2007.0/80 655-10031
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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PETI	TION FOR EXTENSION OF TIME UNDER 37 C FY 2006	Docket Number (Optional) POM-13202/29			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/629,062-Conf. #5850			Filed July 29, 2003		
For FABRICATION OF CUSTOMIZED DIE INSERTS USING CLOSED-LOOP DIRECT METAL DEPOSITION (DMD)					
Art Unit 1762			Examiner M. L. Padgett		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		Fee	Small Entity Fee		
	X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	60.00
	Two months (37 CFR 1.17(a)(2))	\$460	S230	\$	
	Three months (37 CFR 1.17(a)(3))	\$1050	S525	\$	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	s	
х	Applicant claims small entity status. See 37 CFR 1.27.				
H	A check in the amount of the fee is enclosed.				
×	Payment by credit card.				
Г	The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpa					
Deposit Account Number 07-1180 . I have enclosed a duplicate copy of this sheet. WARNING: information on this form may become public. Credit card information should not be included on this form.					
Provide credit card information and authorization on PTO-2038.					
arm the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
attorney or agent of record. Registration Number37,424					
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					
	/John G. Posa/	October 29, 2007			
	Signature	Date			
	John G. Posa	(734) 913-9300 Telephone Number			
Typed or printed name					
NOTE: Signatures of all the invariors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Г	Total of 1 forms are submitte	d.			